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Oregon State Treasury

LGIP State Payment Instructions

Use this form to set up payments from your pool account(s) to a state agency via ACH. Instructions may take up to 24 hours to set up and must be set up before transactions can be processed. Submit this form through EON, or fax or mail this form to the fax number or address at the bottom of the page.

Participant Information

Local Government Name	Taxpayer Identification Number -

List the pool account number(s) to which this form applies:

Pool Account 1	Pool Account 2	Pool Account 3	Pool Account 4
Pool Account 5	Pool Account 6	Pool Account 7	Pool Account 8
Pool Account 9	Pool Account 10	Pool Account 11	Pool Account 12

State Agency ACH Instructions

☐ Add ☐ Remove

Financial Institution Name		Legal Account Owner	
ACH ABA Routing Transit Number	Bank Account Number	Account Type ☐ Checking ☐ Savings	Nickname *(Optional)*
Addendum Details *(Local Government Name plus any additional detail, e.g., City of Anytown Special Public Works Fund)*			

Certification and Authorization *(Two different authorized Contacts must sign)*

We hereby certify that we have obtained authorization from the State Agency to initiate transfers to the bank account listed above. Further, we authorize the Oregon State Treasury and its agents to initiate credit entries, and adjustments for any entries made in error, from the above-listed pool account(s) to the above-listed bank account. This authorization will remain in effect until cancelled in writing to the below address in such time as to afford Treasury a reasonable opportunity to act on said cancellation.

Authorized Contact Signature X *Please print, sign and date this form with blue or black ink.*	Authorized Contact Name		Date
Title	Phone Number	Ext.	E-mail Address

Authorized Contact Signature X *Please print, sign and date this form with blue or black ink.*	Authorized Contact Name		Date
Title	Phone Number	Ext.	E-mail Address

POOL USE ONLY		
	DATE	INITIALS
Processed		
Confirmed		

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